

***Counselling Needs of Secondary School Adolescents with Elimination Disorders in Jos Educational Zone, Plateau State, Nigeria***

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**Abstract**

*This study examined counselling needs of secondary school adolescents with elimination disorders in Jos Educational Zone of Plateau State, Nigeria. The research adopted survey design, and used 400 respondents from 10 randomly selected secondary schools in Jos Educational Zone as the sample. The study was guided by five research questions, and one hypothesis. A structured questionnaire designed by the researchers was used for data collection. The instrument was subjected to face validation by two experts from Research, Measurement and Evaluation, and Guidance and Counselling units in the Department of Educational Foundations of University of Jos. It had a reliability index of 0.76. Data obtained were analyzed with simple percentage and t-test analysis statistics. The findings of the study revealed that elimination disorders occur in adolescents who have problems going to the bathroom, both urinating and defecating. It was also revealed that there was a significant difference in the prevalence of elimination disorders between male and female adolescent students. Based on the findings, it was recommended that behaviour modification with medication should be used to help these adolescents. Parents, staff and students should be made to understand other problems associated with elimination disorders of secondary school adolescents.*

**Keywords:** encopresis, enuresis, bladder, bowel, control

**Introduction**

The elimination of waste products occurs reflexively in neonates. As children develop, their task is to learn to inhibit the reflexes that govern urination and bowel movements. The process by which parents teach their children to inhibit these reflexes, according to

Rathus et al. (2014), is referred to as toilet training. The inhibition of eliminatory reflexes makes polite conversation possible. Most children are trained between the ages of 3 and 4, although they normally have some accidents beyond those ages, as observed by Rathus et al. (2014). In toilet training, as in so many other areas of physical growth and development, maturation plays a crucial role. Toilet training often times becomes a major arena for parent-child conflict. Children who do not become toilet trained within reasonable timeframe are said to have encopresis, enuresis, or both.

According to the Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-5), elimination disorders involve the inappropriate elimination of urine or feces, and are usually first diagnosed in childhood or adolescence. Elimination disorders include enuresis, encopresis, and other specified and unspecified elimination disorders. Enuresis is the failure to control the bladder (urination) after the normal age for control has been reached. Enuresis is more commonly known as bed-wetting. Nocturnal enuresis, or bed-wetting at night, is the most common type of elimination disorders. Daytime wetting is called diurnal enuresis. Some children experience either or a combination of both (Shroff, 2020). Enuresis is the psychological term for bed-wetting during sleep. The word enuresis is derived from a Greek word “Enourein,” meaning to make water, or to void urine. Nocturnal enuresis also known as nighttime incontinence or bed-wetting, refers to involuntary voiding only at night beyond the age at which most children have stopped. Enuresis may be primary or secondary. This behaviour may or may not be done on purpose.

Encopresis is the repeated elimination of feces into inappropriate place, whether voluntary or involuntary. Dersarkissian (2021) defines encopresis as the repeated passing of feces into places other than the toilet, such as in underwear or on the floor. This behaviour may or may not be done on purpose. Encopresis is the failure to control the bowels after the normal age for bowel control has been reached. Encopresis is also called soiling. Encopresis is fairly common, although many cases are not reported due to the child’s and/or the parents’ embarrassment. It is estimated that anywhere from 1.5% to 10% of children have encopresis. It is more common in boys than in girls (Dersarkissian, 2021). Soiling in contrast to enuresis is more likely to occur during the day. It is therefore very embarrassing to the child, especially in school.

Elimination disorders occur in children who have problems going to the bathroom for both defecating and urinating. Although it is not uncommon for young children to have occasional accidents, there may be a problem if this behaviour occurs repeatedly for longer than three months. The distinguishing traits in enuresis, according to Plumprte (2022), include repeated bedwetting despite toilet training; bedwetting after at least six

months of dryness. Also, bedwetting must be frequent for at least two weeks over three consecutive months. In addition to defecating in improper places, a child with encopresis may have other symptoms, such as loss of appetite, abdominal pain, loose/watery stool, and scratching or rubbing the anal area due to irritation from watery stool. Decreased interest in physical activity, withdrawal from friends and family, and secretive behaviour associated with bowel movements are other symptoms (Dersarkissian, 2021). Ohwovoriole (2022) identified the following symptoms of encopresis: voluntary or involuntary passing of stool in inappropriate places, constipation, and signs of stool stains on the child's underwear, passing very watery or loose stool, becoming withdrawn as a result of discomfort or embarrassment, hiding soiled clothes, loss of appetite, and stomach pain.

Enuresis usually has organic causes, such as infections of the urinary tract, kidney problem or immaturity in the development of the motor cortex of the brain (Robson, 2009). Numerous psychological explanations of enuresis have also been advanced. Psychoanalytic theory suggests that enuresis is a way of expressing hostility toward parents (because of their harshness in toilet training) or a form of symbolic masturbation. Learning theorists point out that enuresis is most common among children whose parents attempted to train them early. Situational stresses seem to play a role. Children are more likely to wet their beds when they are entering school for the first-time, when a sibling is born, and when they are ill. There may also be a genetic component; there is a strong family history in the majority of cases (Robson, 2009). It has also been noted that bedwetting tends to occur during the deepest stage of sleep. According to Shroff (2020), enuresis may result from a small bladder persistent urinary tract infections, severe stress, and developmental delays that interfere with toilet training. Enuresis may also be associated with other mental disorders, including behaviour disorders or emotional disorders such as anxiety.

Soiling may follow harsh punishment of toileting accidents, especially in children who are already anxious or under stress (Rathus et al., 2014). In a supportive view, Dersarkissian (2021) noted that the most common cause of encopresis is chronic constipation, the inability to release stool from the bowel as a result of stress, not drinking enough water, and pain caused by a sore in or near the anus. Risk factors for developing encopresis as identified by Coelho (2011), and Dersarkissian (2021) include: eating diets/food high in fat, sugar and low in fibre, not drinking enough water, not exercising, and refusing to use the bathroom, especially public bathrooms. Others are, having a history of constipation or painful experience during toilet training, having cognitive delays such as autism or intellectual deficiency, and having attention deficit disorders or difficulty focusing. These risk factors also include having conduct or oppositional

disorders, having obsessive compulsive disorders, having a poor ability to identify physical sensation or symptoms, and having a chaotic, unpredictable life. However, Plumptre (2022) recognizes the following risk factors of encopresis: a low socio-economic background, bullying, fear of using unhygienic toilets, and behavioural problems like depression or social anxiety.

Enuresis, according to Plumptre (2022) may occur in two forms of nocturnal only, and diurnal only. In nocturnal only, urine is released at night time during sleep, while in diurnal only, urine incontinence happens during waking hours. Diurnal enuresis is involuntary. Sometimes, this urination is the result of pressure on the abdomen. There are two forms of encopresis. The classification is made according to the appearance of stool that is being passed and why it is occurring. These, according to Ohwovoriole (2022), include: constipation associated encopresis or retentive encopresis which occurs in more than 80% of children who have been diagnosed. It is a form of encopresis caused by constipation. Non-retentive encopresis is a form of encopresis that involves involuntary stool leaking without constipation. Raines (2019), Shroff (2020), Dersarkissian (2021), Plumptre (2022) and the DSM-5 found that elimination disorders in children and adolescents are enuresis and encopresis.

Enuresis is a distressing condition, often manifesting as emotional problems including withdrawal, or over-activity syndrome. Psychological problems may develop due to peer pressure; and social activities involving sleepovers may be avoided. There is also a risk of poor sleep hygiene, and skin rashes caused by using wet underwear. Children with encopresis are at risk of emotional and social problems related to the condition. They may develop self-esteem problems, become depressed, do poorly in school, and refuse to socialize with other children, including not wanting to go to parties or to attend events requiring them to stay overnight. Teasing by friends and scolding by family members can add to the child's self-esteem problems and contribute to the child's social isolation. If the children do not develop good bowel habits, they may suffer from chronic constipation (Dersarkissian, 2021). Many children with elimination disorders suffer from low self-esteem, guilt and shame (Enuresis Treatment Centre, 2000; Shepard et al., 2017). Similarly, there is family embarrassment, parental anger at what they see as a "willful child," and insensitive peers can together make life miserable for a student with enuresis (Ogbuokiri, 2013). Elimination disorders, if left untreated, have considerable psychological effects on the children and adolescents as they grow older (Harari & Moulden, 2000). Obi (2004) identifies adults' reactions to children and adolescents' misbehaviours in general and to elimination disorders in particular as being negative which can lead to feelings of low self-esteem.

National Kidney Foundation (2000) establishes that more than five million children and adolescents in United States of America continue to wet the bed and defecate in inappropriate locations other than the bathroom and toilet, and two or three children and adolescents out of every hundred of them still wet the bed when they turn 15 years old. The prevalence of elimination disorders in Iranian children and adolescents is moderate compared to similar studies elsewhere. Generally, the prevalence of elimination disorders was found to be 5.4% covering both enuresis ( $P=5.4$ , 95% CL=5.1-5.7) and encopresis ( $P=0.13$ , 95% CL=0.09-0.2) (Mohammadi et al., 2021).

In Nigeria there may be no clear statistical data on this, still some children wet the bed and defecate in inappropriate locations at the age they are expected to control their bladder and bowel. However, Chinawa et al. (2015) found out that there was a prevalence of encopresis in children and adolescents attending government primary schools in South-East Nigeria, which was 10.5%. These researchers further discovered that encopresis was more in females (27.8%) compared to males (25.4%). However, elimination disorders can be a very embarrassing and discomforting experience for both the children and family members. According to Enuresis Treatment Centre (2000), many bedwetters suffer from low self-esteem, guilt and shame. Also, there is family embarrassment, parental anger, and insensitive peers who make fun of these children and adolescents with elimination disorders. There is no conclusion to the counselling needs of secondary school adolescents with elimination disorders in Jos Educational Zone, Plateau State. It is on this basis that this present study examines the counselling needs of secondary school adolescents with elimination disorders in Jos Educational Zone, Plateau State, Nigeria.

### **Research questions**

To guide the conduct of this study, the following research questions were answered:

1. What are the types of elimination disorders prevalent among secondary school adolescents in Jos Educational Zone, Plateau State?
2. What are the causes of elimination disorders among secondary school adolescents in Jos Educational Zone, Plateau State?
3. What are the risk factors associated with elimination disorders of secondary school adolescents in Jos Educational Zone, Plateau State?
4. What are the effects of elimination disorders on the secondary school adolescents in Jos Educational Zone, Plateau State?
5. What are the counselling needs of secondary school adolescents in Jos Educational Zone, Plateau State?

### **Hypothesis**

The following hypothesis was formulated and tested at 0.05 level of significance in this study:

**Ho1:** There is no significant difference in the prevalence of elimination disorders among male and female secondary school adolescents in Jos Educational Zone, Plateau State.

### **Methodology**

The study adopted a survey research design. According to Emaikwu (2015), survey design is one in which a group of people or items are studied in their natural setting by collecting, analyzing and interpreting data from people considered to be a representative sample of the entire population. Both male and female junior secondary school adolescents in Jos Educational Zone of Plateau State constituted the target population of the study. Simple random sampling technique was used in the selection of 400 adolescents from 10 secondary schools in Jos Educational Zone. 199 male and 201 female secondary school adolescents were sampled from 10 schools.

The instrument used for data collection was self-structured questionnaire developed by the researchers titled "Counselling Needs of Secondary School Adolescents with Elimination Disorders Questionnaire" (CNSSAEDQ). The instrument has six sections; section one measured types of elimination disorders, with four items. Section two measured causes of elimination disorders, while section three measured the risk factors associated with elimination disorders. Both sections two and three had ten items each. Section four and five sought to find out effects and counselling needs, respectively, of adolescent students with elimination disorders. Effects of elimination disorders had fourteen items, while counselling needs of adolescent students with elimination disorders also had fourteen. The sixth section had just two items. The total number of items was therefore fifty-four. The response options were strongly agree (4 points), agree (3 points), disagree (2 points), and strongly disagree (1 point). The strongly agree and agree were grouped as agreed while disagree and strongly disagree were grouped as disagree for the purpose of counting the frequency. The data for reliability was generated through pilot testing. Reliability of the instrument was obtained with index of 0.76 via Cronbach Alpha. Also, face validity was established by experts in Educational Psychology and Research, Measurement and Evaluation Units of Educational Foundations Department, Faculty of Education, University of Jos. Data obtained was analysed using percentages and t-test analysis.

## Presentation of results

**Research question 1:** What are the types of elimination disorders prevalent among secondary school adolescents in Jos Educational Zone, Plateau State?

**Table 1:** Types of elimination disorders prevalent among secondary school adolescents in Jos Educational Zone, Plateau State

S/N	Items	A	Percentage	D	Percentage
1	Enuresis (Bedwetting)	345	86.30	55	13.80
2	Encopresis (Stool or Liquid stool leakage on underwear)	340	85.00	60	15.00
3	Other specified elimination disorders	180	45.00	220	55.00
4	Unspecified elimination disorder	150	37.50	250	62.50

Table 1 showed the responses of secondary school adolescents in Jos Educational Zone on the types of elimination disorders prevalent among the students. It showed that the most common known types of elimination disorders prevalent among secondary school adolescents in Jos Educational Zone are enuresis and encopresis with 86.30% and 85.00% respectively. The result further showed that other specified elimination disorders with 45%, and unspecified elimination disorders with 37.50% are not well known by these secondary school adolescents in Jos Educational Zone, Plateau State.

**Research question 2:** What are the causes of elimination disorders present among secondary school adolescents in Jos Educational Zone of Plateau State?

**Table 2:** Causes of elimination disorders present in secondary school adolescents in Jos Educational Zone Plateau State

S/N	Items	Agree	Percentage	Disagree	Percentage
1	Constipation	320	80.00	80	20.00
2	Deep sleepers	280	70.00	120	30.00
3	Infections of the urinary track	258	64.50	142	35.50
4	Kidney problems	300	75.00	100	25.00
5	A way of expressing hostility toward parents	198	49.50	202	50.50
6	Situation stresses	250	62.50	150	37.50
7	Genetic component	270	67.50	130	32.50
8	Psychological factors	209	52.25	191	47.75
9	Harsh punishment	155	38.75	245	61.25
10	Small bladder	170	42.50	230	57.50

From table 2, 320 representing 80% of the respondents agreed to chronic constipation as one of the causes of elimination disorder among secondary school adolescents in Jos Educational Zone of Plateau State. Other causes of elimination disorders as rated by the respondents included deep sleepers with 70%, kidney problems (75%), genetic component (67.5%), urinary tract infections (64.5%) and situational stresses (62.5%). Also psychological factors, with 52.25%, was considered as one of the causes of elimination disorders. However, the secondary school adolescents in Jos Educational Zone Plateau State strongly disagreed with harsh punishment (38.75%), small bladder (42.5%), and expressing hostility toward parents with 49.5% as causes of elimination disorders among secondary school adolescents.

**Research question 3:** What are the risk factors associated with elimination disorders of secondary school adolescents in Jos Educational Zone, Plateau State?

**Table 3:** Risk factors associated with elimination disorders of secondary school adolescents in Jos Educational Zone, Plateau State

S/N	Items	A	Percentage	D	Percentage
1	Unusual stress	280	70.00	120	30.00
2	Divorced parents	250	62.50	150	37.50
3	A low socio-economic background	270	67.50	130	32.50
4	Fear of using unhygienic toilet	340	85.00	60	15.00
5	Poor academic performance	300	75.00	100	25.00
6	Building	320	80.00	80	20.00
7	Behavioural problems	345	86.30	55	13.80
8	Not exercising	150	37.50	250	62.50
9	Having cognitive delays	180	45.00	220	55.00
10	Having a chaotic and unpredictable life	155	38.75	245	61.25

Table 3 shows the responses of secondary school adolescents in Jos Educational Zone of Plateau State on the risk factors associated with adolescents' elimination disorders. It showed that the risk factors included behavioural problems (86.3%), fear of using unhygienic toilet (85%), poor academic performance (75%), and low socio-economic background (67.5%). The result also showed that the secondary school adolescents agreed with having cognitive delays (45%), having a chaotic and unpredictable life (38.75%), and not exercising (37.5%) as risk factors associated with adolescents' elimination disorders in secondary schools in Jos Educational Zone of Plateau State.

**Research question 4:** What are the effects of elimination disorders on secondary school adolescents in Jos Educational Zone of Plateau State?

**Table 4:** Effects of elimination disorders on the secondary school adolescents in Jos Educational Zone, Plateau State

S/N	Items	A	Percentage	D	Percentage
1	Low self-esteem	364	91.00	36	09.00
2	Guilt	205	51.25	195	48.75
3	Shame	201	50.25	199	49.75
4	Parental anger	322	80.50	78	19.50
5	Negative attention from adults	324	81.00	76	19.00
6	Poor academic performance	346	86.50	54	13.50
7	Emotional problems	358	89.50	42	10.50
8	Psychological problems	326	81.50	74	18.50
9	Avoidance of sleep-overs	304	76.00	96	24.00
10	Poor sleep hygiene	279	69.75	121	30.25
11	Skin rash from wet underwear	250	62.50	150	37.50
12	Refusal to socialize with other children/adolescents	258	64.50	142	35.50
13	Teasing by friend	300	75.00	100	25.00
14	Scolding by family members	320	80.00	80	20.00

Table 4 revealed the results of effects of elimination disorders on the secondary school adolescents. All the items were highly rated by the students, ranging from 50.25% for shame to 91% for low-esteem. Emotional problems (89.5%), poor academic performance with 86.5%, psychological problems (81.5%) and negative attention from adults (81%). Others are parental anger (80.5%), scolding by family members (80%), avoidance of sleep-overs (76%), teasing by friends (75%), poor sleep hygiene (69.5%), and refusal to socialize with others (64.5%). Furthermore, the rating included skin rashes from wet underwear (62.5%), guilt (51.25%), and shame (50.25%).

**Research question 5:** What are the counselling needs of secondary school adolescents with elimination disorders in Jos Educational Zone of Plateau State?

**Table 5:** Percentages of respondents on the counselling needs of secondary school adolescents with elimination disorders

S/N	Items	A	Percentage	D	Percentage
1	Urine alarm therapy which involves use of sensors that detect moisture	346	86.50	54	13.50
2	Dry-bed training which is a multi-component intervention that pairs the urine alarm with behavioural strategies	358	89.50	42	10.50
3	Full spectrum home therapy which is a manual-based, multi-component intervention that utilizes the urine alarm, several behavioural strategies, and graduated over-learning	364	91.00	36	09.00
4	Retention control training which involves encouraging the child to postpone urination for as long as possible	326	81.50	74	18.50
5	Biofeedback for encopresis which involves the use of electrodes or balloons placed in or around the anus	279	69.75	121	30.25
6	Enhanced toilet training which is a behaviour modification approach that utilizes education and training and detection	322	80.50	78	19.50
7	Using stool softeners or laxatives to help reduce constipation	280	70.00	120	30.00
8	Usage of anti-anxiety medication since stress and anxiety are the main causes of the disorders	304	76.00	96	24.00
9	A diet rich in fluids and fibre is great to keep the bowels moving smoothly	320	80.00	80	20.00
10	Limiting the amount of liquid a child consumes prior to bedtime which is a behaviour modification technique	270	67.50	130	32.50
11	Usage of motivational system such as a contingency management system to boost morale	324	81.00	76	19.00
12	Reduction in the intake of constipating foods such as dairy, peanuts	275	68.75	125	31.25

13	Bladder training which uses regularly scheduled trips to the bathroom timed at increasing intervals to help children hold their urine for longer periods of time	300	75.00	100	25.00
14	A child is required to sit on the toilet at a regular time each day and try to go for 10 – 15minutes, usually soon after eating	306	76.50	94	23.50

Table 5 showed all the counselling needs of secondary school adolescents with elimination disorders. The respondents rated full spectrum home therapy (91%), dry-bed training (89.5%), urine alarm therapy (86.5%), and retention control training (81.5%), as the counselling strategies for secondary school adolescents with elimination disorders. Others include usage of motivational system (81%), a diet rich in fluids and fibre (80%), and enhanced toilet training (80.5%). Others are sitting on the toilet at a regular time (76.5%), use of anti-anxiety medication (76%), reduction in the in-take of constipating foods (68.75%), and limiting the amount of liquid consumption prior to bed-time (67.5%) among secondary school adolescents with elimination disorders in Jos Educational Zone, Plateau State.

**Ho1:** There is no significant difference in the prevalence of elimination disorders among male and female secondary school adolescents in Jos Educational Zone of Plateau State.

**Table 6:** T-test analysis of difference in the prevalence of elimination disorders among secondary school adolescents based on gender

Gender	N	Mean	Std	df	t-Cal	t-Crit	Decision
Male	185	18.016	3.217	385	59.73	1.57	Rejected
Female	201	21.504	3.230				

Table 6 revealed that t-cal of 59.73 was obtained which is higher than the t-critical of 1.57 at 0.05 level of significance. On this basis, null hypothesis one was rejected. This means that there was a significant difference in the prevalence of elimination disorders among secondary school adolescent students based on gender.

### **Discussion of the findings**

Findings of the research question one revealed that the major types of elimination disorders prevalent among secondary school adolescents in Jos Educational Zone of Plateau State are enuresis and encopresis. This is in consonance with the studies of Raines (2019), Shroff (2020), Dersarkissian (2021), Plumptre (2022), and the Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-5) who identified elimination

disorders in children and adolescents as enuresis and encopresis. The finding is also in agreement with that of Ohwovoriola (2022), and Mohammadi et al. (2021) who reported the prevalence of elimination disorders of enuresis and encopresis in both children and adolescents in Iran.

The second research question sought to find out the causes of elimination disorders among secondary school adolescents. These causes, according to this study, include constipation, deep sleepers, kidney problems, genetic component, urinary tract infections, situational stresses, and psychological factors. This finding supports those of Raines (2019), Dersarkissian (2021), Plumptre (2022) and Ohwovoriola (2022) who opined that bladders leading to an increased urge to urinate, low socio-economic background, being emotionally distressed, as well as deep sleeping can lead to elimination disorders in children and adolescents. The finding is also in agreement with Robson (2009) who mentioned that urinary tract infections, kidney problems and psychological factors can lead to elimination disorders.

Findings from the third research question showed risk factors associated with elimination disorders of secondary school adolescents as behavioural problems, fear of using unhygienic toilets, bullying, poor academic performance and unusual stress. Others are low socio-economic background, and divorced parents. This finding is in agreement with the studies of Plumptre (2022), and Ohwovoriola (2022) who mentioned certain risk factors such as unusual stress in children, growing up in a low socio-economic environment, divorced parents, bullying, and fear of using unhygienic toilets. The finding is in contrast with that of Coelho (2011) who identified some risk factors for developing encopresis as not drinking enough water, and exercising, having cognitive delays, attention deficient disorders, oppositional disorders, and obsessive compulsive disorders.

The fourth research question revealed the effects of elimination disorders on the secondary school adolescents as low self-esteem, emotional problems, negative attention from adults, parental anger, and scolding by family members. Others included avoidance of sleep-overs, teasing by friends, poor sleep hygiene, refusal to socialize with others, and skin rashes from wet underwear. Also, feeling of guilt, and shame. This finding is in consonance with Enuresis Treatment Centre (2000), Ogbuokiri (2013), Shepard et al. (2017), and Dersarkissian (2021) who found out that adolescents with these disorders suffer from low self-esteem, guilt, and shame; similarly, there is family embarrassment, parental anger, and teasing from friends; and that elimination disorders can lead to depression, poor performance in school, and refusal to socialize with other adolescents.

The findings from research question five showed that the most counselling needs of secondary school adolescents with elimination disorders include full spectrum home therapy, dry-bed training, urine alarm therapy, retention control training, usage of motivational system, enhanced toilet training, a diet rich in fluids and fibre, sitting on the toilet at a regular time, usage of anti-anxiety medication, and bladder training. Others are using stool softeners, biofeedback for encopresis, reduction in the intake of constipating foods, and limiting fluid intake before bedtime. This finding is consistent with those of Shepard et al. (2017), Rains (2019), Shroff (2020), and Plumptre (2022) who reported that dry-bed training, limiting fluid intake, motivational therapy, and bladder training will go a long way to reduce elimination disorders in adolescents in secondary schools.

The finding further shows that there was a significant difference in the prevalence of elimination disorders among secondary school adolescents based on gender. This finding is in favour of the female gender as reported by Dersarkissian (2021) who discovered that elimination disorders are more common in boys than in girls, as many cases are not reported due to parents' embarrassment. It is also in agreement with the studies of Shroff (2020), and Ohwovori (2022) who found out that the condition of elimination disorders appears to be more likely to develop in boys than girls because of severe emotional distress being experienced and lack of bowel or bladder control.

### **Conclusion**

This study revealed that secondary school adolescents with elimination disorders in Jos educational zone, Plateau state, Nigeria, exhibit significant counselling needs. The findings highlighted the prevalence of emotional distress, low self-esteem, and social withdrawal among participants. The study identified a lack of awareness, stigma, and inadequate support systems as major barriers to seeking help.

### **Recommendations**

Based on the findings of the study, the following are recommended:

1. Adolescents prone to bedwetting should be assisted by restricting their fluid intake before bedtime.
2. Parents of adolescents with encopresis should encourage a healthy diet high in fluid and fibre. Parents should also assist with good bowel habits by planning bathroom time after meals.
3. The school counsellor should explore the use of psychological therapy in treating psychological conditions attached to these disorders.
4. Elimination disorders can be very distressing for both adolescents and their families. Therefore parents should endeavour to seek professional help, and also be patient with their wards.

5. Individual and group counselling services, should be provided for both adolescents with elimination disorders and their parents. In this case, avoidance behaviour can easily be replaced with assertiveness.

6. Parents, school staff and students should be made to understand other problems associated with elimination disorders of secondary school adolescents.

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